

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28256

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Riverview Place.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 83 yrs. years, months or days)

3. (a) PRINT FULL NAME Mary Anna Thias.

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband William Thias. 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased Sept. 9th, 1857.
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Washington, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation House-work.

11. Industry or business X

MOTHER FATHER { 12. Name Fred Dieckmann.
13. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Schulte.
15. Birthplace Unknown, Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Tillie Dieckmann
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Aug. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Richard & Co. Inc. by H. A. May

(b) Address Washington, Mo.

19. (a) Aug. 16, 1941 (b) H. A. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. Riverview Place
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th,
year 1941 hour 7:00 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from July 13, 1941 to August 15, 1941,
that I last saw him alive on August 15, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to 93%

Due to 93%

Other conditions Senility
(Include pregnancy within 5 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. H. L. Fennice (M. D. or other Dr.)
Address 209 E. 5th St. Washington, Mo. Date signed Aug 16-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Lester H. Vitt, Registered Apprentice No. _____
working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.